

Allergy Disclosure Communication

Date: _____

Dear [Member's Name],

Welcome to [Fitness Center Name]! We are committed to providing a safe and inclusive environment for all our members.

Please take a moment to inform us of any allergies you may have. This information is crucial for us to ensure your safety while using our facilities.

Allergy Information:

- Allergy Type: _____
- Severity: _____
- Additional Notes: _____

Your health and well-being are our top priority. Should you have any questions or concerns, please feel free to contact us.

Thank you for your cooperation!

Sincerely,

[Your Name]

[Fitness Center Name]

Contact Information: _____